IN THEUNTED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Noriyuki SARUHASHI, et

Serial No: 09/871,596

Filed: May 30, 2001

PHYSICAL LAYER DEVICEMENTING METHOD, PHYSICAL LAYER DEVICE WITH TEST CIRCUITS, AND TRANSMITTING/RECEIVING CIRCUIT WITH

SEP 2 7 2004

**TEST CIRCUITS** 

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Art Unit:

2133

Examiner:

Joseph D. Torres

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450, on

July 26, 2004

Signature

Data of Deposi ed No. 41,232

Date

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.

A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.

No additional fee is required.  $\boxtimes$ 

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	3	-20	21	**	0	LG=\$18 SM=\$9	\$18	\$	0
INDEPENDENT	2	-3	5	***	0	LG=\$86 SM=\$43	\$86	\$	0
CLAIMS FEE LARGE ENTITY FEE = \$290 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS SMALL ENTITY FEE = \$145								\$	0
							TOTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$\_-0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

A check in the amount of \$110.00 to cover the extension fee is enclosed. A copy of this sheet is  $\boxtimes$ enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this M communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  $\boxtimes$ 

Any patent application processing fees under 37 C.F.R. § 1.17  $\boxtimes$ 

Date: July 26, 2004

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Respectfully submitted HOGAN &

Anthony J. Ofler Registration No. 41,232

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